

Ohio Environmental Protection Agency
Deviation Reporting Form

Signature

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Effective or most recent modification date: 07/27/01			
REPORTING PERIOD		SEMIANNUAL Reporting Period (please indicate <input type="checkbox"/> N/A <input type="checkbox"/> below in the <input type="checkbox"/> From <input type="checkbox"/> and <input type="checkbox"/> To fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Number of pages in report, including this one: 60 pages			
List any supporting attachments			
Reporting deadline: 07/31/2013			

NOTE: The deviation reporting period shall be stated in the following format: ☐ xx/xx/xx through ☐ zz/zz/zz where ☐ xx/xx/xx and ☐ zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

TitleVSemiAnnualReport_1st_2013.doc

Authorized Signature _____ Date _____

Name (Please Print) _____ Title _____

Ohio Environmental Protection Agency

Section I- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/AQ below in the AFR if this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -

704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD								
Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)								
PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency
Deviation Reporting

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Issuance or most recent modification date			
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From:	To:	From:	To:
Reporting deadline			

PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency

Section II- Page 1

Deviation Reporting

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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

Section II - Part II Facility-wide Permit Requirement Reporting**Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

color tray dying (E-5)

trays dryers, littleford mixer (E-31)

HC-11 tanks (E-53)

TCP blend & slugger (E-61)

ceramic color dryer #9 (E-83)

waste shredder (E-80)

Ohio Environmental Protection Agency

Section II- Page 1

Deviation Reporting

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

general catalyst dryers #4, #5 (E-86)

nitric acid dilution (E-87)

ZR sinter furnace (E-89)

ammonia stripper in WWTP (E-93)

12 inch rotary calciner (E-95)

fast fire kiln (E-90)

reduction towers (E-98)

elevator kilns (E-96)

#6 rotary calciner (E-97)

Ohio Environmental Protection Agency

Section II- Page 1

Deviation Reporting

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

Black furnaces (E-99)

Horne tableting machines (E-102)

sulfuric acid storage tank

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Ohio Environmental Protection Agency

Section II- Page 2

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/12	To: 12/31/13
Reporting deadline: 07/31/2013			

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) **(Table 2)**

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)*Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)*

Description is for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state NO R in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

Ohio Environmental Protection Agency

Section II- Page 2

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/12	To: 12/31/13
Reporting deadline: 07/31/2013			

Description of Deviation	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state NO REPORTS in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

Ohio Environmental Protection Agency

Section III- Page 1

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate A/N/A below in the A/From fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
2 BOILER (E-91))		X
ER COLOR BLENDING (E-6))		X
ER COLOR MILLING (E-7))		X
U/BI CALCINERS (E-26))		X

Ohio Environmental Protection Agency

Section III- Page 1

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA below in the From fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

EN CAT MIXERS (E-29))		X
ER COLOR BLEND AND MILL (E-34))		X
ICKEL TABLET SYSTEM (E-57))		X
RON ROOM TABLET)		X
ER COLOR PULVERIZER (E-62))		X
OLOR JETMILL (E-94))		X
VOLV DRY AND VERT CALC (E-75))		X
&S DRIER IN HC-11)		X
HUTTLE KILN #1 (E-88))		X

Ohio Environmental Protection Agency

Section III- Page 1

Deviation Reporting

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

2 SHUTTLE KILN (E-92))		X
OPPER CALCINER #2)		X
LDG 24 WEST TABLETTING)		X
LDG 25 EAST TABLETTING)		X
UNNEL KILN #3)		X
RON CATALYST MIXING (E-104))		X
RAVITY BED SEPERATOR)		X
ATIONAL DRYER)		X

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

NS J) tion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	
		Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
					DATE/TIME START	DATE/TIME END						

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
V/ t	General Terms and Conditions B. I		X	Records Review	01/01/13	06/30/13	Operated 18 Sources without a PTI	Facility personnel change over and inadequate Title V training	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Kiln	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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NS J) tion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
S ER ER	A.III.2- Record the pressure drop across the baghouse on daily basis.		X	Records of daily pressure drop readings	01/05/13	01/05/13	A total of 2 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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NS J) tion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of daily pressure drop readings	01/15/13	01/16/13	A total of 6 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of daily pressure drop readings	04/12/13	04/14/13	A total of 6 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stage 1	01/14/13	01/15/13	A total of 6 once per shift ΔP records are missing for the 1st scrubber stage.	Failure in data acquisition software/ intermittent collection of backup data	Troubleshooting data transfer issue and implementing improved data collection procedures	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stage 1	04/12/13	04/14/13	A total of 6 once per shift ΔP records are missing for the 1st scrubber stage.	Failure in data acquisition software/ intermittent collection of backup data	Troubleshooting data transfer issue and implementing improved data collection procedures	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	A.III.2- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	03/29/12	03/29/13	A total of 3 once per shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition software/ intermittent collection of backup data.	Troubleshooting data transfer issue and implementing improved data collection procedures.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	04/12/13	04/14/13	A total of 6 once per shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition	Troubleshooting data transfer issue	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b- Collect and record the scrubber water flow rate to each stage of the scrubber, in gallons per minute, on a once per shift basis.		X	Records of scrubber water flow rate for each stage	03/29/13	03/29/12	A total of 3 once/shift scrubber water flow rate records are missing (3 for each stage).	Failure in data acquisition	Troubleshooting data transfer issue	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS U) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b- Record the pH of the scrubber liquor on a once per shift basis.		X	Records of scrubber liquor pH for each stage	04/12/13	04/14/13	A total of 6 once/shift scrubber liquor pH records are missing (3 for each stage).	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
S R/ IA (.)	A.III.1-Record the pressure drop across the baghouse on a daily basis.		X	Records of daily pressure drop readings	01/03/13	01/03/13	A total of 1 daily ΔP records are missing.	Daily ΔP records were not recorded.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
S R/ IA (.)	A.III.1-Record the pressure drop across the baghouse on a daily basis.		X	Records of daily pressure drop readings	06/14/13	06/16/13	Three daily ΔP records are missing.	Daily ΔP record was not recorded.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
NS (J) ation (w)												
NS (J) ation (w)	A.III.1-Record the pressure drop across the baghouse on a daily basis.		X	Records of daily pressure drop readings	06/22/13	06/23/13	Two daily ΔP records are missing.	Daily ΔP record was not recorded.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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Issuance or most recent modification date: 07/27/01			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
AT (s)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
AT (s)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
olor (Mill)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
olet pt)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
plet)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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olet	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.a-Collect and record the pressure drop across the scrubber, in inches of water, once each day.		X	Records of pressure drop readings	01/01/12	01/06/12	A total of 8 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
A.III.1.a-Collect and record the pressure drop across the scrubber, in inches of water, once each day.		X	Records of pressure drop readings	01/07/13	01/13/13	A total of 4 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.a-Collect and record the pressure drop across the scrubber, in inches of water, once each day.		X	Records of pressure drop readings	01/20/12	01/21/12	A total of 4 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.a-Collect and record the pressure drop across the scrubber, in inches of water, once each day.		X	Records of pressure drop readings	01/29/13	01/29/13	A total of 2 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.a-Collect and record the pressure drop across the scrubber, in inches of water, once each day.		X	Records of pressure drop readings	02/17/13	02/17/13	A total of 2 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	01/01/13	01/06/13	A total of 8 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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NS J) tion ow)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	01/07/13	01/13/12	A total of 4 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
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Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	01/20/13	01/21/13	A total of 4 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	01/29/13	01/29/13	A total of 2 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	02/17/13	02/17/13	A total of 2 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	A.III.2- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	01/01/13	01/04/13	A total of 6 once/shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	01/14/13	01/15/13	A total of 6 once/shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	03/16/13	03/16/13	A total of 3 once/shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition	Restored	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	03/29/13	03/29/13	A total of 3 once/shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.a-Collect and record the pressure drop across each stage of the scrubber, in inches of water, on a once per shift basis.		X	Records of pressure drop readings for Stages 1, 2, 3	04/14/13	04/14/13	A total of 3 once/shift ΔP records are missing for the three scrubber stages.	Failure in data acquisition software.	Connection was restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b-Collect and record the flow rate for each stage of the scrubber, in gpm of water, on a once per shift basis.		X	Records of flow rate readings for Stages 1, 2, 3	01/01/13	04/04/13	A total of 6 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

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					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b-Collect and record the flow rate for each stage of the scrubber, in gpm of water, on a once per shift basis.		X	Records of flow rate readings for Stages 1, 2, 3	01/14/13	04/15/13	A total of 6 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS U) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b-Collect and record the flow rate for each stage of the scrubber, in gpm of water, on a once per shift basis.		X	Records of flow rate readings for Stages 1, 2, 3	03/16/13	03/16/13	A total of 3 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS U) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b-Collect and record the flow rate for each stage of the scrubber, in gpm of water, on a once per shift basis.		X	Records of flow rate readings for Stages 1, 2, 3	03/29/13	03/29/13	A total of 3 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS U) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.1.b-Collect and record the flow rate for each stage of the scrubber, in gpm of water, on a once per shift basis.		X	Records of flow rate readings for Stages 1, 2, 3	04/14/13	04/14/13	A total of 3 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS U) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b-Collect and record the pH of the scrubber, in s.u. of water, on a once per shift basis.		X	Records of pH readings	01/01/13	01/04/13	A total of 2 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (U) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b-Collect and record the pH of the scrubber, in s.u. of water, on a once per shift basis.		X	Records of pH readings	01/14/13	01/15/13	A total of 2 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (U) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b-Collect and record the pH of the scrubber, in s.u. of water, on a once per shift basis.		X	Records of pH readings	03/16/13	03/16/13	A total of 1 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (U) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b-Collect and record the pH of the scrubber, in s.u. of water, on a once per shift basis.		X	Records of pH readings	03/29/13	03/29/13	A total of 1 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (U) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	B.III.2.b-Collect and record the pH of the scrubber, in s.u. of water, on a once per shift basis.		X	Records of pH readings	04/14/13	04/14/13	A total of 1 once/shift flow rate records are missing for the three scrubber stages.	Failure in data acquisition	Restored.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
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NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
ash)	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	11/27/13	A total of 4 VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
er #2)	A.III.1- Record the pressure drop across the baghouse on daily basis.		X	Records of daily pressure drop readings for discharge baghouse	01/01/13	02/10/13	A total of 43 daily ΔP record missing.	Failure in data acquisition	Troubleshooting data issue.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
der	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (U) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
der	B.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		X	Records of scrubber water flow rate	01/10/13	01/10/13	A total of 1 daily scrubber water flow rate records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
nder	B.III.2-Record the pressure drop across the baghouse on a daily basis.		X	Records of daily pressure drop readings for the baghouse	01/10/13	01/10/13	A total of 1 daily ΔP records are missing.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

UNIT NO (row)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Kiln	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Kiln	A.III.1- Perform weekly checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of weekly VE checks	01/01/13	01/27/13	A total of 4 weekly VE checks were not performed.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	A.III.2- Perform daily checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of daily VE checks	04/22/13	05/02/13	A total of 10 daily VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
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NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	A.III.2- Perform daily checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of daily VE checks	06/05/13	06/05/13	A total of 1 daily VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

Ohio Environmental Protection Agency

Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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From: NA	To: NA	From: 01/01/13	To: 06/30/13
Reporting deadline: 07/31/2013			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
RY ER	A.III.2- Perform daily checks, when the emissions unit is in operation and when the weather conditions allow, for any visible particulate emissions from the stack serving this emissions unit.		X	Records of daily VE checks	01/14/13	06/05/13	A total of 6 daily VE checks were not performed during the reporting period.	Facility personnel change over and inadequate Title V training processes.	A Title V compliance plan and training program are currently being implemented across all process operations.	No	No	

See page 3 of the instructions at [SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE](#) for guidance on this table.